

Montana One-Stop Certification Assessment Application

Attachment I

One-Stop System Name: _____

Center Addresses:

Location 1:

Location 2:

Location 3:

Designated Operator 1:

Address: _____
Telephone: _____
Fax: _____
E-mail: _____

Designated Operator 2:

Address: _____
Telephone: _____
Fax: _____
E-mail: _____

Designated Operator 3:

Address: _____
Telephone: _____
Fax: _____
E-mail: _____

Contact Person 1: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

Contact Person 2: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

Contact Person 3: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

The Community Management Team (CMT) of the above One-Stop Center hereby requests to maintain certification as a One-Stop within the Montana workforce development system and under the Workforce Investment Act of 1998. Our One-Stop System is committed to the principles of workforce development, includes all of the required partners, and meets the standards as established by the State Workforce Investment Board (SWIB).

Signed: _____
CMT Chair

Date: _____